

Case Number:	CM13-0056863		
Date Assigned:	12/30/2013	Date of Injury:	09/01/1998
Decision Date:	05/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine; has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female who reported an injury on September 01, 1998. Current diagnoses include cervical spondylosis, migraine headache, right De Quervain's tenosynovitis, right wrist tendonitis, left shoulder bursitis, and history of inflammatory bowel disease. The latest physician progress report submitted for this review is an incomplete Neurological Primary Treating Physician's Interim Report dated July 17, 2013. Current medications included Treximet, Zanaflex, and Ativan. Physical examination revealed normal strength, intact sensation, normal reflexes, and tenderness over the ventral right wrist. Treatment recommendations were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TIZANDINE TAB 4 MG #15 (30 DAY SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. The injured

worker's physical examination did not reveal palpable muscle spasm or spasticity. The injured worker has also utilized Zanaflex since November 2012. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Therefore, the request is non-certified.

LORAZEPAM TAB 2 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. The medical necessity for the ongoing use of this medication has not been established. The injured worker does not maintain a diagnosis of anxiety disorder. Additionally, the injured worker has utilized Ativan since November 2012. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. As such, the request is non-certified.